

MISSOURI OVERDOSE RESPONSE: COMMUNITY ENGAGEMENT RECOMMENDATIONS

APRIL 2025



CONTENTS

Introduction	3
Focus Group Outreach and Questions.....	6
Survey Outreach and Questions.....	7
Understanding The PAST.....	8
Understanding The PRESENT.....	10
Understanding The FUTURE.....	13
Recommendations.....	15
Appendix	20
Sample.....	20
Method and Materials	20
Analysis.....	21
Focus Group Data	22
Survey Data	32

INTRODUCTION

In 2022, Missouri developed a statewide strategic plan to address the overdose crisis, bringing together approximately 100 individuals from diverse sectors, including federal, state, and local governments; treatment, prevention, and recovery organizations; coalitions; the Missouri National Guard; education associations; and people with lived experience. This collaborative effort was guided by a central question:

"What strategic measures can be undertaken over the next five years to foster cohesion and cultivate enduring collaborative alliances across systems, encompassing local, state, and federal entities? How can available resources and data be effectively leveraged to enhance equitable access to prevention, treatment, and recovery support services statewide, thereby advancing the collective mission of saving lives throughout Missouri?"

From this strategic planning session, four key strategy areas emerged:

- Reforming Dynamic Response
- Empowering for Change
- Prioritizing People
- Creating Accountability

In 2024, a group of about 30 individuals reconvened to commemorate achievements, reflect on progress and barriers, and chart a course for the next 12 months.

Building on this momentum, in August 2024, the Missouri Department of Health and Senior Services, in partnership with the Department of Mental Health, launched a community engagement initiative as part of the strategic plan. This initiative aimed to gather insights and recommendations from both professionals and individuals with lived experience, providing critical feedback to inform the state's ongoing overdose prevention efforts.

Following the positive response from participating communities, the requests from those not included in 2024, and the demonstrated value of community feedback in informing state-level decisions, the Missouri Department of Health and Senior Services, in collaboration with the Department of Mental Health, expanded

the initiative. In April 2025, a second round of feedback sessions was held in four additional counties, reaffirming the state's commitment to inclusive, community-driven solutions. This year, the focus group discussions were broadened to specifically address Missouri's overdose and substance use disorder crisis, ensuring that the voices of both professionals and those with lived experience continue to shape the state's ongoing response.

Community Engagement Initiative

In 2024, the initiative involved conducting focus groups in three key locations across Missouri, St. Louis, Poplar Bluff, and Kansas City, along with developing a statewide survey to gather additional input from stakeholders. The purpose of this effort was to gain a collective understanding of the current realities surrounding the overdose crisis, using a past-present-future framework to guide data collection and discussion.

A total of 128 stakeholders participated in the focus groups, representing a broad range of voices, including state organizations, local governments, service providers, religious organizations, probation and treatment providers, individuals with lived experience, parents, and youth impacted by the overdose epidemic. Additionally, 47 survey responses were collected from stakeholders statewide.

In 2025, the initiative expanded, with focus groups conducted in four new locations across Missouri including Potosi, New Madrid, Springfield, and St. Joseph. The statewide survey was also offered again.

This round of sessions engaged 46 stakeholders in focus groups, representing a diverse range of participants including state agencies, local governments, service and treatment providers, and individuals with lived experience. Additionally, 20 survey responses were collected during this cycle.

The aims of this effort included:

- Gain insights from the community regarding effective and ineffective measures in addressing the overdose and substance use disorder crisis.

- Generate actionable recommendations for the Missouri Department of Health and Senior Services and Department of Mental Health to consider in addressing the overdose and substance use disorder crisis.
- Foster trust and confidence with the community.
- Ensure the community feels that their voices are being heard.

The state will once again use the feedback and recommendations to inform the current strategic plan and align strategic efforts to incorporate community feedback. This report reflects the feedback and recommendations collected from the community engagement initiative.

FOCUS GROUP OUTREACH AND QUESTIONS¹

The focus group participants worked together to answer a series of questions about the overdoses and substance use disorder crisis in their community.

Past

- Where have you seen improvements in addressing overdose and substance use disorder crisis in your community?
- What gets in the way of overdose and substance use disorder prevention in your community?

Present

- What current programs are working well that we should continue or expand?
- Where are the gaps in our current approach?

Future

- What barriers are there for people to get help to prevent overdose and substance use disorder?
- What opportunities exist that we can take advantage of to improve overdose and substance use disorder prevention?

Recommendations

- What recommendations or goals should the state consider in addressing overdose and substance use disorder prevention?



¹ See the Appendix for details on how focus group data was collected and analyzed.

SURVEY OUTREACH AND QUESTIONS²

Survey participants provided responses to open-ended questions regarding the overdose crisis in their communities. They were also asked to specify their community of residence and to provide any additional comments.

Past

- What efforts have you seen to address substance use disorder and prevent overdose in your community?

Present

- What challenges does your community face to address substance use disorder and overdose?

Future

- Where do you think the state could do better to address substance use disorder and drug overdose problem in Missouri?

Recommendations

- What recommendations or goals should the state consider in addressing overdose prevention and substance use disorder?

Additional Comments

- What additional comments would you like to share?
- What region do you live in?



Missouri Overdose Response

Drug overdose is affecting communities throughout Missouri. To enhance our collective health and well-being, it is crucial to address this crisis together. The Missouri Department of Health and Senior Services and the Department of Mental Health seeks your valuable input.

Your feedback will guide the state's overdose strategic plan. By understanding the community's perspectives on past efforts, current progress, and existing gaps in addressing the crisis, we aim to identify future opportunities, risks, and concrete recommendations for effective action.

We are answering the question: What measures has the state of Missouri implemented to address overdose, and what additional actions should be considered to effectively combat this issue statewide?

We invite participation from individuals of all ages, professionals in prevention and treatment, and those with lived or living experiences. Participation in this survey is entirely voluntary, and all responses will remain anonymous. Your insights are vital in shaping a more effective response to overdose in Missouri.

In the survey, you will be asked to identify up to three elements related to each question. Please indicate the ones that are most important to you or ones you think others might not mention. Thank you for your time; this survey should take approximately 10-15 minutes to complete.

What efforts have you seen to prevent overdose in your community?

Action 1

Action 2

Action 3

² See the Appendix for details on how survey data was collected and analyzed, and for respondents' additional comments.

UNDERSTANDING THE PAST

Survey respondents and focus group participants shared observations of efforts and improvements in addressing overdose and substance use disorder. Specifically, focus group participants responded to the question: *“Where have you seen improvements in addressing the overdose and substance use disorder crisis in your community?”* Meanwhile, survey respondents answered: *“What efforts have you seen to address substance use disorder and prevent overdose in your community?”*

In addition to noting improvements, focus group participants also identified persistent barriers that continue to impact their communities’ ability to effectively respond to the overdose and substance use disorder crisis.

Responses to the Following Questions:

- *“Where have you seen improvements in addressing the overdose and substance use disorder crisis in your community?”*
- *“What efforts have you seen to address substance use disorder and prevent overdose in your community?”*

Themes	Potosi	New Madrid	Springfield	St. Joseph	Survey
Strengthened Coordination & Collaboration	X	X	X	X	X
Expanded Treatment Access & Integration	X	X	X	X	X
Investment in Prevention & Education	X	X	X	X	X
Improved Access to Resources & Support Services	X	X	X	X	X
Advanced Harm Reduction Efforts		X	X	X	X
Shift in Public Perception & Awareness	X		X	X	X
Elevated Lived Experience & Peer Support	X			X	X
Enhanced Data, Monitoring & Legislative Change			X	X	X
Expanded Community Outreach		X			X
Increased School Interventions	X				X

Themes from all four focus groups and survey participants include:

- Strengthened Coordination & Collaboration
- Expanded Treatment Access & Integration
- Investment in Prevention & Education
- Improved Access to Resources & Support Services

What gets in the way of addressing overdose and substance use disorder in your community?

Themes	Potosi	New Madrid	Springfield	St. Joseph
Stigma, Shame & Community Denial	X	X	X	X
Access, Equity & Social Determinants	X	X	X	X
System Fragmentation & Communication Barriers	X	X	X	X
Complex Behavioral Health Needs and Criminalization		X	X	X
Funding Streams		X	X	X
Service Navigation, Education & Health Literacy	X	X		X
Political and Structural Barriers			X	
Workforce, Capacity & Infrastructure			X	

Themes from all four focus groups include:

- Stigma, Shame & Community Denial
- Access, Equity & Social Determinants
- System Fragmentation & Communication Barriers

UNDERSTANDING THE PRESENT

The following themes reflect responses to questions about current programs to continue or grow, gaps in existing approaches, and persistent challenges in addressing overdose and substance use disorder.

Survey respondents highlighted programs worth sustaining or expanding and identified service gaps. Focus group participants emphasized barriers and challenges that hinder effective response within their communities.

What Current Programs are Working Well that We Should Continue or Expand?

Focus Group Themes	Potosi	New Madrid	Springfield	St. Joseph
In-patient Treatment and Recovery Centers	X	X	X	X
Naloxone Distribution	X	X	X	X
Peer Support	X	X	X	X
Prevention Coalitions and Resource Centers	X	X	X	X
Housing Programs		X	X	X
Medical Assisted Treatment (MAT) Programs	X		X	X
Mental Health Access, Counseling, & Care Coordination (EPICC)	X		X	X
Recovery Programs and Support Groups	X	X	X	
Crisis Intervention Teams (CIT)	X		X	
Too Good for Drugs Program	X	X		
Youth Programs and Outreach		X	X	
4th Grade Challenge				X
Community Outreach		X		
Disposal Pouches and Drop Boxes	X			
Harm Reduction Efforts			X	
Housing Grants			X	
Leave Behind Kits			X	
Parents as Teachers (PAT)/HeadStart				X
Question, Persuade, Refer (QPR) Model			X	
SEMO Clinic in the High School		X		

Focus Group Themes	Potosi	New Madrid	Springfield	St. Joseph
Trauma Informed Care Training			X	
Treatment Court and Diversion Programs			X	

Themes from all four focus groups and survey participants include:

- In-patient Treatment and Recovery Centers
- Naloxone Distribution
- Peer Support
- Prevention Coalitions and Resource Centers

Where are the Gaps in Our Current Approach?

Focus Group Themes	Potosi	New Madrid	Springfield	St. Joseph
Access to Treatment and Mental Health Services	X	X	X	X
Coordination & System Silos	X	X	X	X
Knowledge of Programs and Services	X	X	X	X
Transportation and Housing Barriers	X	X	X	X
Access to Funding	X	X		X
Access to Employment and Childcare Services	X			X
Education, Literacy & Prevention			X	X
Harm Reduction		X	X	
Incentives & Capacity		X	X	
Quality Workforce	X		X	
Access to Current Data			X	
Follow Up and Outreach Services		X		
Medical Gaps			X	
Social Acceptance		X		
Stronger Collaboration with Justice System			X	

Themes from all four focus groups and survey participants include:

- Access to Treatment and Mental Health Services
- Coordination & System Silos
- Knowledge of Programs and Services
- Transportation and Housing Barriers

What Challenges Does Your Community Face to Address Substance Use Disorder and Overdose?

- Stigma, Shame & Stereotyping
- Absence of Collaboration with Law Enforcement and Justice System
- Misuse of Harm Reduction
- Uncertainty and Absence of Funding
- Transportation and Housing Barriers
- Easy Access to Drugs and Alcohol
- Cost of Services
- Availability and Access to Resources and Services
- Knowledge of Programs and Services
- Awareness and Understanding of Addiction as a Disease
- Accountability and Follow Through
- Limited Access to Workforce
- Systemic and Geographical Barriers

UNDERSTANDING THE FUTURE

The following responses reflect what is getting in the way of effectively addressing overdose and substance use disorder in communities, as well as opportunities to build upon and areas where the state can improve.

Focus group participants identified key barriers and shared ideas for potential opportunities that could be leveraged to strengthen local responses. Survey respondents provided direct feedback on how the State of Missouri could improve its efforts in addressing overdose and substance use disorder across communities.

What Gets in the Way of Addressing Overdose and Substance Use Disorder in Your Community?

Focus Group Themes	Potosi	New Madrid	Springfield	St. Joseph
Access to Transportation, Employment, Housing	X	X	X	X
Bureaucracy and Legal Consequence	X	X	X	X
Absence of Education, Awareness, & Communication	X		X	X
Access to Recovery Supports & Wrap-around Services	X		X	X
Stigma, Shame, & Community Perception	X	X	X	
Access to Quality Health Insurance		X	X	
Geographical Barriers		X	X	
Systemic Barriers to Access and Equity			X	X
Workforce Challenges	X		X	
Access to Harm Reduction Programs				X
Inability to be Digitally Connected	X			
Limited Access and Flexibility in Treatment Delivery				X
Timely Access to Services			X	

Themes from all four focus groups and survey participants include:

- Access to Transportation, Employment, Housing
- Bureaucracy and Legal Consequence

What Opportunities Exist that We Can Take Advantage of to Improve Overdose Prevention?

Focus Group Themes	Potosi	New Madrid	Springfield	St. Joseph
Enhance Current Programs and Services	X	X	X	X
Expand Youth Education and Programming	X	X	X	X
Increase Harm Reduction Efforts	X	X	X	X
Expand Education and Training Opportunities		X	X	
Increase Collaboration Across Programming, Services, and Agencies	X		X	X
Increase Collaboration Efforts with the Justice System	X		X	X
Increase Peer Support Services	X	X	X	
Enhance Communication of Prevention Organizations, Programs, and Resources			X	X
Increase Data Collection and Timely Access			X	X
Increase Outreach and Awareness		X	X	
Incorporate Co-occurring in Treatment Opportunities		X		
Leverage Opioid Settlement Funds			X	X
Support Workforce Development Efforts				X

Themes from all four focus groups and survey participants include:

- Enhance Current Programs and Services
- Expand Youth Education and Programming
- Increase Harm Reduction Efforts

Where do you think the state could do better to address drug overdose in Missouri?

- Increase Awareness and Outreach
- Expand Education and Training Opportunities
- Increase Access to Resources in Rural Areas
- Expand Services
- Focus on Justice Reform
- Expand Funding Opportunities
- Improve Data Collection and Sharing
- Increased Advocacy and Focus on Law Reform
- Increase Collaboration Across Programs, Services, & Agencies
- Assist in Addressing the Housing Crisis
- Offer Incentives to Expand Workforce
- Address Cost Barriers to Treatment & Mental Health Services
- Invest in Navigators
- Normalize the Availability of Naloxone
- Increase Accountability Efforts

RECOMMENDATIONS

Based on insights gathered from surveys and focus group discussions, a set of actionable recommendations has been developed for the state to consider as it advances efforts to address the overdose and substance use disorder crisis. The community feedback was synthesized into 23 key themes. The bullet points under each theme reflect the exact wording collected in-person and from the survey to maintain the integrity of the data.

What Recommendations or Goals Should the State Consider in Addressing Overdose and Substance Use Disorder Prevention?

Address Cost Barriers

- Make sure Medicaid is truly expanded and provide nicotine, alcohol, opioid and other substance addiction treatment for those with Medicaid who seek it. And make sure providers and the public realize those services are covered.
- More resources available for those without insurance
- Eliminating cost to MAT
- Making recovery resources more available & affordable

Address Housing

- Housing relief
- More sober living options in Northwest Missouri
- Lower unhoused rates
- Increased housing. Tiny houses, HUD and shelters

Allow for Flexible and Strategic Funding Use

- Allow more autonomy with grant deliverables
- Flexible for the use of allotted fund
- Flexibility in funding (fund local identified needs rather than prescribing how funds must be used)

Create a Process to Collect and Distribute Local and Timely Data

- Compile and utilize data collected
- Using data to drive decisions
- Having an entire dept with MO specifically that follows and studies substance abuse situations to know the best way to combat this crisis

Create an Initiative to Expand Peer Support/Lived Experience and Elevate their Voices

- Expansion of peers/lived experience
- Increasing outreach/involving community perspectives (lived experience)

Create A Process to Improve Communication

- Increased representation in 2-way communication
(1. State reps communicate to people on the ground,
2. Representatives showing up to hear the struggles firsthand)
- Increased communication from state to local leadership entities

Create Incentives Options for Rural Communities

- Offering bus passes to and from mental health agencies
- Food & give away items draw participants to outreach events, allow for their purchase
- Provide incentives for SUD providers and peer support specialists in underserved areas
- Incentive programs for SUD recovery

Create Initiative to Advocate for Harm Reduction

- Advocating for harm reduction
- High schools should have the option to carry Narcan
- More education/stigma reduction
- Sex-ed needs to stop being abstinence based
- Keep Narcan available

Create Initiative to Enhance Services to Rural Communities

- Increased focus on rural communities, bring services to them
- More Community involvement in smaller communities
- More mental health crisis centers

Develop Awareness Campaigns

- Stop acting like Narcan is a cure-all.
- Expand funding for the EPICC program and help get the word out about this very valuable resource
- Create/improve marketing to increase public awareness
- Educate the public on how they can help
- Stigma reduction campaigns

Develop Employment and Volunteer Opportunities for Those in Recovery

- Create job offerings for recovered addicts in treatment centers to help get them back on their feet again while also helping others see that change is possible
- Let recovered addicts assist the police department, nurses, doctors, etc. in teaching kids about SUD
- Support trade education/certification for people convicted of drug trafficking as part of sentencing

Develop a Statewide Overdose and SUD Protocol

- State set up Opioid boards consisting of legislators-peers-family members etc. to help disperse the funding
- Parents as teachers and education officials should be required to attend opioid/overdose training
- Develop a statewide overdose protocol that includes EMS, hospital, and behavioral health
- Make it mandatory for providers, clinicians and educators to be checked off on current treatments
- Moving forward, anyone who has committed or been convicted of a drug charge; should be released out of jail or hospital with a case worker to help them immediately
- Streamlined referral process to treatment centers
- Drug testing minors. Mandatory counseling

Develop a Tailorable Marketing /Education Campaign

- Evidence-based marketing, messaging, multiple audiences & communication (premade ads)
- Instead of directing efforts to use drugs safely, concentrate efforts on recovery
- Education for general public (workplace, schools, universities)

Develop Comprehensive Environmental Scan Initiative

- Comprehensive environmental scan for SUD and overdose gaps-funding
- Mental health assessments

Develop New Programs

- "Cadet programs" in schools. Having youth advocate to their peers about substance use prevention
- Prevention programs (addressing core needs)
- Family treatment - kids use because parents use
- Mental health specific Emergency Services
- Resource/housing centers
- Provide more OD prevention programs (grants for programs) to educate the community and PWUD

Expand Inpatient, Mental Health, and Rehabilitation Programs

- Having more income based in-patient treatment options
- Family counseling
- More treatment beds
- Supportive rehabilitative housing programs
- Provide a safe place for those with the disorder to get help
- Increase detox facilities in rural areas
- More Medicaid in-patient treatment options

- Increase in-patient treatment programs and make affordable
- Help with better treatment options
- More facilities for SUD and more rural outreach/treatment
- Have detox options within jails resulting in lower recidivism rates

Explore Options to Expand Transportation Services

- Transportation
- Rural transportation support
- #1 problem – Transportation
- Transportation to and from treatment
- Funding for transportation to appointments
- Funding for transportation
- Funding for transportation to allow access to services and jobs etc.

Increase Advocacy to State and Federal Officials

- Legalize needle exchange
- Education/pressure on state politicians re: cost (\$\$ since they are so concerned, as well as human cost) of prevention vs. incarceration/treatment
- Diversion, Deflection, Decriminalization

Increase Early Intervention and Education Efforts

- Early intervention and education
- Way more random searches in middle schools and high schools. Stop the kids while their young from using
- Lower youth vaping and substance use
- School education programs to increase awareness

- Be more proactive with individuals with a problem because a 30-day treatment is not enough
- More in-patient care
- Open more residential treatment beds utilizing co-occurring treatment
- Follow up care, come to the patient

- Have a transportation program set up for rural communities to assist PWUD with keeping appointments
- Increased transportation so that people can get to the jobs and appts for treatment.
- Ambulance District contracts with MCOs to provide reimbursable Non-Emergency Transports vs. MTM contracts

- Work to decrease political polarization of SUD
- Addressing Medicaid concerns
- Help communicate community needs to state and federal government
- Advocacy

- Larger presence in our schools addressing the drug problems in our communities
- More education by local health care facilities going into schools/more awareness

Invest in Professional Workforce

- Reimbursement efforts for Community Health Workers and Community Paramedics
- Qualified professionals

Provide Funding Assistance

- Increase C-Star grants
- Increased funding for expansion of Assertive Community Treatment (ACT)
- State (DMH/DHSS) recommendations for use of opioid settlement \$ by jurisdictions (and call out of those leaving \$ on the table)
- Increased funding for public health prevention efforts
- More state funded programs
- Help rural communities get opioid settlement funds (diversify funding to rural, smaller organizations)
- Funding for follow-up services
- Funding for more outreach
- Fund regional mobile crisis and outreach teams
- Funding for SUD workforce education and expansion
- Funding for education (treatment, health literacy)
- Access to funding/grant opportunities
- Leveraged funding opportunities with CMS
- Funding for outpatient treatment
- Funding for operations and staffing
- Funding
- Grants (money) of higher education for professional workforce
- Provide increased funding for prevention coalitions
- They are doing great work with little budget. Prevention is even more powerful (and cost effective) than treatment
- Fund real solution (mental illness, trauma, etc.) - get to the root of the problem
- Assistance with funds to law enforcement and P&P
- Continue to fund MAT programs
- Funding for Sober Living Facilities
- Providing housing stipends to landlords to provide housing to those who have completed rehab
- More state funding for rehab facilities
- Fund interdiction programs/Monetary rewards for information resulting in a drug trafficking confiscation and arrest

Provide Technical Assistance for Specific Training or Local Needs

- School prevention, education, and in-school help
- Infrastructure, places to meet and how to get there
- Additional mental health resources, incentives for MH professionals
- Expand training that brings multiple sectors together
- Medicaid coding to support T&R temp Medicaid for treatment
- Pair law enforcement with social workers/social services supportive staff
- Law enforcement sensitivity training and therapy access

APPENDIX

Sample

Participation in surveys and focus groups was entirely voluntary, with no incentives offered. A total of four focus groups were organized, involving 46 participants: 12 from the Potosi focus group, 9 from the New Madrid focus group, 16 from the Springfield focus group, and 9 from the St. Joseph focus group. Additionally, 26 individuals completed the electronic surveys. The participants represented a diverse array of stakeholders, including state organizations, local government entities, service providers, treatment providers, and individuals with lived experience.

Method and Materials

Four locations across the state were selected to host focus groups: Potosi, New Madrid, Springfield, and St. Joseph. A survey was developed to identify, engage, and recruit individuals of all ages, as well as professionals in prevention and treatment, and those with lived experiences to provide feedback that will inform the State of Missouri's overdose strategic plan. Participants could contribute by attending an in-person community listening session (focus group) and/or by completing an online survey. Advertising for the surveys and focus group sessions was conducted through flyers, personal invitations, and word of mouth.

Focus Groups

All focus group sessions were open to all participants. The session in Potosi was held on April 15, 2025, from 3:00-5:00 pm, followed by the session in New Madrid on April 16, 2025, from 1:00-3:00 pm, followed by the session in Springfield on April 17, 2025, from 10:00-12:00 pm, and finally the session in St. Joseph on April 18, 2025, from 2:00-4:00 pm. During each session, participants collaborated to respond to a series of questions regarding the overdose and substance use disorder crisis across Missouri (refer to the Focus Group Outreach and Questions section above).

Surveys

A six-question online survey was conducted to gather insights regarding the measures implemented by the state of Missouri to address the issue of overdose and substance use disorder, as well as to explore additional

actions that could be considered to effectively tackle this challenge statewide. Flyers featuring QR codes and links to the electronic survey were distributed throughout the community.

The survey included four questions focusing on the overdose and substance use disorder epidemic, each with three open-ended response options. Additionally, one open-ended question allowed for further comments from respondents. One question was dedicated to gathering demographic information, offering 13 predefined geographical location options to indicate the respondent's residence. A table detailing the geographic distribution of survey respondents is provided in the section below titled "Survey Data." Due to the limited number of respondents, the data was not segmented or compared by location.

The administration of the online survey was handled by the survey company Zoho. It is important to note that the survey was not designed to collect psychometric data and therefore did not utilize validated psychometric scales. All respondents were included in the analysis, regardless of the extent of their survey completion, while any blank responses were excluded from the final analysis.

Analysis

Thematic analysis was employed to evaluate the responses from the electronic survey and focus groups, focusing on the identification of words, themes, meanings, and the frequency of mentioned concepts. A member of the facilitation team performed a thematic analysis of the responses by reviewing all inputs and extracting prevalent themes. This approach utilized frequency counts to derive emerging themes. For instance, when analyzing responses to the question, "Where are the gaps in our current approach?", the facilitator documented the frequency of particular responses and categorized each based on its interpreted theme. Responses such as "Knowledge of programs available," "Lack of knowledge and diluted education (youth and adult)," and "Knowledge/Availability of Programs/Affordability" were classified by the facilitator under the theme "Knowledge of Programs and Services." The responses from focus group participants were organized by location and compared both within locations and against survey responses, when applicable, to identify overarching themes across all groups. The identified similarities are presented in the response tables and the shared themes sections.

Focus Group Data

Below are attendees' responses to focus group questions. The tables below are organized by location, and everything was vetted by the small groups and presented to the full group for further discussion.

POTOSI

PAST

Where have you seen improvements in addressing overdose and substance use disorder crisis in your community?

- Better coordination between partners - less silos +2
- More treatment options, including awareness of MAT-MOUD +2
- More inclusion of people with lived experience +1
- Peers +1
- Better connection to resources +2
- Prevention in schools
- Availability of Naloxone/acceptance of +1
- We have more CHW's and navigators
- Integrated/specialized treatment (substance/mental health)
- Mobile Integrated Health (MIH) - ambulance district
- Missouri student survey

What gets in the way of addressing overdose and substance use disorder in your community?

- Stigma +1
- Access/available resources +1
- Transportation +1
- Parents +1
- Lack of empathy
- Service flexibility
- Awareness of what is available +1
- Fear
- Interagency communications (HIPPA)
- Knowledge
- Services and Health literacy
- Feelings of shame and hopelessness
- Internalized stigma

PRESENT

What current programs are working well that we should continue or expand?

- Too Good for Drugs curriculum +2
- Collaborative Prevention coalition +2
- Increased availability of counseling
- C-Star +1
- Naloxone distribution +2
- Disposal pouches and drop boxes
- Re-entry council - Health Coalition +1
- Community Behavioral Health Liaison (CBHL) +1
- Celebrate Recovery +1
- MOUD/MAT
- CIT +1
- CHW's

Where are the gaps in our current approach?

- HIPPA (42-CFR)
- Funding \$\$
- Coordination between partners
- Residential and hospital beds
- Workforce
- Knowledge of programs available
- Transportation
- Housing
- Employment
- Childcare

FUTURE

What gets in the way of addressing overdose and substance use disorder in your community?

- Transportation
- Access
- No internet access
- Stigma +1
- DOC - jail (corrections to treatment)
- Workforce (# available, # willing)
- Lack of recovery housing services
- Knowledge of programs
- Awareness of treatment options/modalities
- Flexibility in treatment delivery

What opportunities exist that we can take advantage of to improve overdose prevention?

- Partnerships (health coalition to re-entry) +1
- School prevention education +1
- MAT programs +1
- Navigation services - CHW's +1
- Naloxone distribution
- Diversion (legal programs)
- CIT
- Harm reduction
- More school programs (juvenile, CBHL's, YBHL's)
- More peer support specialists
- Active/involved health department
- Screenings (SUD, needs, mental health)

RECOMMENDATIONS

What recommendations or goals should the state consider in addressing overdose and substance use disorder prevention?

- Funding for SUD workforce education and expansion
- Funding for transportation to appointments
- Funding for transportation
- Funding for transportation to allow access to services and jobs etc.
- School prevention, education, and in-school help
- Flexibility in funding (fund local identified needs rather than prescribing how funds must be used)
- Funding for education (treatment, health literacy)
- Grants (money) of higher education for professional workforce
- Access to funding/grant opportunities
- Leveraged funding opportunities with CMS

- Funding for outpatient treatment
- Funding for operations and staffing
- Help communicate community needs to state and federal government
- Advocacy

NEW MADRID

PAST

Where have you seen improvements in addressing overdose and substance use disorder crisis in your community?

- Recovery center/Andy's House
- Public Health giving presentations, expanding and giving out resources
- Relationship between law enforcement, clerks and judges
- Quality ambulance services
- Bootheel counseling form available to be completed for counselors to follow up (suicide, overdose)
- Discounted blood testing
- WIC/Health Department go to 6 towns
- Having Naloxone accessible
- Fentanyl test strips
- Improvement in perceptions
- PPI requesting Naloxone to have on hand
- Nurse education
- CPR training is a good avenue for distribution of Naloxone
- PHD expanded outreach
- Extended arm to help access beds

What gets in the way of addressing overdose and substance use disorder in your community?

- Dropout rates
- Homelessness
- People filling treatment beds to avoid Department of Corrections placement
- Intake criteria
- Lost grants (in last 2 weeks)
- Stigma
- Workforce
- Lack of education/knowledge
- Limited funding in prevention and follow-up care
- Ability to get home after services
- Lack of in-patient facilities
- 100-mile radius County
- Transportation
- Limited connectivity in poverty area
- Poverty
- Balance between treatment and working
- Computer literacy/education
- Internet access (lacking)
- Inconsistent messaging about Fentanyl strips
- Apathy
- Perception that there is less access to drugs in remote areas

PRESENT

What current programs are working well that we should continue or expand?

- Recovery housing programs and support services
- Teen Outreach Program (TOP)
- Peer support
- Community outreach/combat stigma
- Narcan distribution
- Family Resource Center (SUP)
- Too Good for Drugs/Spirit
- SEMO clinic in high school, services available to all grades and families
- Celebrate Recovery
- Mission Missouri in Sikeston
- Poplar Bluff has female treatment options and pregnancy options

Where are the gaps in our current approach?

- All 96-hour hold facilitates have been removed
- Limited/no access to treatment
- Relapse/follow up services after an overdose
- Needle exchange
- Funding
- Incentives
- Knowledge of programs and services
- No sense of community
- Social shame/stigma
- Economic disparities
- Transportation

FUTURE

What gets in the way of addressing overdose and substance use disorder in your community?

- 3–6-hour drive to get people to services
- Burden on the system to have ambulances out of the County
- Mental health impact on providers that cannot help in emergencies due to being out of County
- Health insurance/under insured
- Stigma/community perception
- Local employment opportunities
- Fear of law enforcement
- Self-worth/mental health issues

What opportunities exist that we can take advantage of to improve overdose prevention?

- Peer support services/post overdose
- Expand coverage area of created flyer
- Leave behind kits sent out by Missouri Mental Health, can be printed for local resource
- Use of fentanyl test strips/education
- Recovery Support Services
- Local PRC, especially for youth
- Integrate treatment for co-occurring

RECOMMENDATIONS

What recommendations or goals should the state consider in addressing overdose and substance use disorder prevention?

- Fund regional mobile crisis and outreach teams
- Follow up care, come to the patient
- #1 problem - Transportation
- Law enforcement sensitivity training and therapy access
- Funding for more outreach
- Funding for follow-up services
- Flexibility for the use of allotted funds
- Develop a statewide overdose protocol that includes EMS, hospital, and behavioral health
- Transportation to and from treatment
- More in-patient care
- Comprehensive environmental scan for SUD and overdose gaps -funding
- Provide incentives for SUD providers and peer support specialists in under-served areas

SPRINGFIELD

PAST

Where have you seen improvements in addressing overdose and substance use disorder crisis in your community?

- More willingness to communicate about issues +2
- Increased awareness +1
- Better public perception of needs +2
- Wrap around services
- Increased acceptance of harm reduction +1
- Saturation of Naloxone +1
- Collaborations
- Service provider staying with clients longer (some)
- Improvement in numbers
- Improvement in data capture
- More people are being trained as part of job
- Prescription take-backs (safe disposal) access to medication boxes
- Pharmacy participation +1
- Pseudoephedrine monitoring (PDMP)
- Doctors are more likely to prescribe non-narcotics when appropriate
- Public Awareness campaigns (PSA)/ billboards
- Leave behind kits from EMS
- Trauma informed care
- 24/7 access to Naloxone (vending machines)
- State drug dashboard - EMS data is included
- Legislation change - removal of X waiver

What gets in the way of addressing overdose and substance use disorder in your community?

- Silos
- Lack of funding/funding barriers +3
- Sigma/lack of education +5
- Crisis denial/community denial +3
- Mental health concerns, dual diagnosis and co-occurring
- Not addressing it as a bi-partisan issue

- Current political climate +1
- Criminalization of behavioral health issues +1
- Lack of diversity in providers +1
- Lack of inclusion of peers/lived experience +1
- Capacity of staff championing assistance/services

- Burnout
- Preparing for discharge - safety plans in place (bridge the gap) (treatment courts and jails)
- Local infrastructure in more rural settings (12 step, etc.)
- Consistent, reliable funding streams

PRESENT

What current programs are working well that we should continue or expand?

- SWMO Drug Poisoning Coalition +1
- Jail Diversion +1
- Isabel's House
- Medical Assisted Treatment (MAT) programs
- Treatment Court +1
- Youth and Adult Mental Health First Aid (MHFA)
- Sober living
- 12 Step - NA-AA programs
- KVC - Springfield youth program
- Crisis Intervention Team (CIT) +1
- Engaging Patients in Care Coordination (EPICC) +2
- Pregnant and Post Partum Women (PPW)
- Regional Partnership Grant (RPG) +1
- Narcan distribution statewide and locally +1
- Leave behind kits by EMS/Law enforcement/Fire/CHN's
- Trauma Informed Care Training +1
- Question, Persuade, Refer (QPR)
- CARES and SOR (housing grants)
- APO Harm Reduction +2
- Rare Breed (teen outreach)
- Peer Movement/lived experience +1
- Better Life in Recovery (BLIR)/Springfield Recovery Center (SRCC)

Where are the gaps in our current approach?

- Education that is not abstinence focused
- Continued siloes
- Continued focus on criminalization
- Overdoes Map +1
- Capacity +2
- Lack of needle exchange +4
- Safe sites +1
- Fear if repercussions +2
- Lack of knowledge and diluted education (youth and adult) +3
- Transportation +2
- Treatment courts
- Certified peer specialists in our rural counties +2
- Housing/sober living/Dad resources +1
- School prevention and updated curriculum +1
- Lack of school data (surveys) +2
- Drug testing in real time
- Mental health services +1
- Dental (won't take medical)

FUTURE

What gets in the way of addressing overdose and substance use disorder in your community?

- Stigma/lack of compassion +4
- Lack of education re: behavioral health
- Poverty +2
- Lack of pet care re: re-entering treatment
- Lack of childcare re: re-entering treatment
- Access - limited +1
- Insurance - inability to afford treatment +2
- Time limits of services (not long enough)
- Personal bias of providers
- People don't know/understand Good Samaritan Law
- Awareness of the resources
- Transportation +1
- Housing/Available beds/address +1
- Long wait lists +1
- Lack of follow-up care/care coordination
- Changing contact information
- Lack of jail and court navigators +1
- Lack of respite beds +1
- Resources are out of county
- Lack of mobile resources
- Current administrators (federal and local)
- Medicaid qualifiers and restrictions
- Lack of providers that accept Medicaid
- Religion

What opportunities exist that we can take advantage of to improve overdose prevention?

- Sex ed in Springfield Public Schools (SPS)
- OD map
- EPICC
- More peer support
- CIT expansion
- Expand knowledge of other primary support groups
- Expand treatment courts
- Fath based participation
- Funding for non-medicated treatment
- OFR overdose fatality reviews
- Assertive community treatment (ACT)
- Narcan porch box
- Community outreach
- 988 Crisis line
- Existing efforts/initiatives (i.e. Naloxone distribution, fentanyl test strips) +1
- Abundance of resources in Greene County
- Opioid settlement funds (a bunch of counties are leaving it laying) +1
- SWMO drug poisoning Coalition + similar groups
- To continue/further collaboration +1
- Methadone clinic in SGF
- OONA/ OEND training
- Growing support for harm reduction +1
- Growing access of MAT - removal of waivers
- Large 12 step community to support addicts +1

RECOMMENDATIONS

What recommendations or goals should the state consider in addressing overdose and substance use disorder prevention?

- "Cadet programs" in schools. Having youth advocate to their peers about substance use prevention
- Advocating for harm reduction
- Expansion of peers/lived experience
- Diversion, Deflection, Decriminalization
- Education/pressure on state politicians re: cost (\$\$ since they are so concerned, as well as human cost) of prevention vs. incarceration/treatment
- High schools should have the option to carry Narcan
- Sex ed needs to stop being abstinence based
- Increased funding for expansion of Assertive Community Treatment (ACT)
- State (DMH/DHSS) recommendations for use of opioid settlement \$ by jurisdictions (and call out of those leaving \$ on the table)
- Increased funding for public health prevention efforts
- Increasing outreach/involving community perspectives (lived experience)
- State set up Opioid boards consisting of legislators-peers-family members etc. to help disperse the funding (every jurisdiction)
- Work to decrease political polarization of SUD
- Using data to drive decisions
- More state funded programs
- Infrastructure, places to meet and how to get there
- Help rural communities get opioid settlement funds (diversify funding to rural, smaller organizations)
- Increased focus on rural communities, bring services to them
- More education/stigma reduction
- Prevention programs (addressing core needs)
- Addressing Medicaid concerns
- Rural transportation support
- Parents as teachers and education officials should be required to attend opioid/overdose training
- Open more residential treatment beds utilizing co-occurring treatment

ST. JOSEPH

PAST

Where have you seen improvements in addressing overdose and substance use disorder crisis in your community?

- Alliance for Substance Use Prevention +1
- Naloxone widely distributed in community +2
- Increase in support groups and diversity of groups +1
- Increase in peer support specialists +2
- Reduction in stigma but still work to do +1
- Fentanyl awareness +1
- Medication for opioid use disorder +1
- Availability has increased +1
- 988 +1
- Opioid settlement funds - distribution process in place
- Wrap around service partnerships
- State/federal collaboration/understanding

- News coverage
- Community knowledge
- "Don't run, call 911"

What gets in the way of addressing overdose and substance use disorder in your community?

- No detox center in the community +1
- Client engagement/commitment
- Funding - Treatment (MAT), medicated accepted +1
- Outdated state data
- Transportation
- Student survey website says, "public school", eliminating private schools
- Stigma - expectations, education +2
- Tooth/dental care
- Jail vs. treatment
- Survival mode
- Housing
- Aftercare support/services
- Lack of empathy – ignorance
- Shame

PRESENT

What current programs are working well that we should continue or expand?

- Peer support +2
- Narcan distribution +1
- Alliance Substance Abuse Prevention (ASAP)+1
- 4th grade challenge
- Denovo - only in-patient treatment center +1
- Pivotal Point (housing program)
- Parents and Teachers (PAT)/HeadStart
- M.A.T.
- Housing (ideally) (not enough)
- Mental health urgent care

Where are the gaps in our current approach?

- Transportation +1
- Funding +1
- Communication +1
- Childcare +1
- Knowledge/Availability of programs/affordability
- Treatment centers - in/out treatment
- I.O.P. (Intensive Outpatient Treatment)
- Housing assistance
- Access to students thru schools for prevention/education
- Outreach programs (meet people where they are physically)

FUTURE

What gets in the way of addressing overdose and substance use disorder in your community?

- Limited in-patient programs +1
- Transportation to everything +1
- No-shows/limited engagement from clients +1
- Childcare +1

- Stigma/fear of law enforcement officers (LEO) +1
- Knowledge +1
- Survival mode +1
- Counseling to build an arsenal of healthy coping skills
- Needle exchange
- Building strong/healthy/families
- Adverse childhood experiences
- Politicizing health issues

What opportunities exist that we can take advantage of to improve overdose prevention?

- Coalitions +1
- Awareness days/Increasing awareness community wide +1
- Existing services/existing comprehensive services +1
- Opioid settlement funds +1
- Evidenced based data +1
- Distribution of harm reduction +1
- Re-entry services +1
- Sober living/affordable housing/oxford +1
- Youth prevention/reaching parents/work in/with schools +1
- Partnerships with agencies +1
- Alternative therapies - art music, play, exercise, nature hike
- Pay for staff in these support fields to improve longevity in positions and job satisfaction
- Decriminalize possession

RECOMMENDATIONS

What recommendations or goals should the state consider in addressing overdose and substance use disorder prevention?

- Transportation
- Allow more autonomy with grant deliverables
- Compile and utilize data collected
- Offering bus passes to and from mental health agencies
- Increased communication from state to local leadership entities
- Increased representation in 2-way communication (1. State reps communicate to people on the ground, 2. Representatives showing up to hear the struggles first-hand)
- Housing relief
- Education for general public (workplace, schools, universities)
- Additional mental health resources, incentives for MH professionals
- Medicaid coding to support T&R temp Medicaid for treatment
- Increase C-Star grants
- Legalize needle exchange
- Funding
- Evidence-based marketing, messaging, multiple audiences & communication (premade ads)
- Pair law enforcement with social workers/social services supportive staff
- Food & give away item draw participant to outreach events, allow for their purchase

Survey Data

The following outlines the responses collected from survey participants. The first table presents the participants' regions of residency. To ensure the privacy of respondents, all survey responses have been aggregated across locations due to the small sample sizes.

Most survey participants were in the Northwest, followed by those in the Lower East Central area. The distribution of participants by region of residency is illustrated in the table below.

Survey Respondents' Region of Residency

Region	N	%
Central - Audrain, Boone, Callaway, Cole, Cooper, Gasconade, Howard, Moniteau, Montgomery, Osage, Randolph	1	4%
Kansas City MSA - Cass, Clay, Clinton, Jackson, Lafayette, Platte, Ray	1	4%
Lake Ozark Rolla - Camden, Crawford, Dent, Laclede, Maries, Miller, Morgan, Phelps, Pulaski	1	4%
Lower East Central - Cape - Bollinger, Cape Girardeau, Iron, Madison, Perry, Reynolds, Ste. Genevieve, St. Francois, Washington	6	23%
Northeast - Adair, Clark, Knox, Lewis, Macon, Marion, Monroe, Pike, Ralls, Schuyler, Scotland, Shelby	1	4%
Northwest - Andrew, Atchison, Buchanan, Caldwell, Daviess, DeKalb, Gentry, Harrison, Holt, Nodaway, Worth	9	35%
Southwest - Barry, Barton, Cedar, Dade, Jasper, Lawrence, McDonald, Newton, Vernon	1	4%
Springfield - Branson - Christian, Dallas, Greene, Polk, Stone, Taney, Webster	5	19%
St. Louis MSA - Franklin, Jefferson, Lincoln, St. Charles, St. Louis, Warren, St. Louis city	1	4%
TOTAL	26	100.0%

PAST

What efforts have you seen to address substance use disorder and prevent overdose in your community?

- Active drug prevention coalition
- An active and engaged recovery community
- Availability of Narcan
- Bathrooms have signage on them
- City buses have signage on them
- Collaboration between community partners to understand each other's challenges and resource options for individuals each organization encounters
- Coalition
- Community partners working together
- Dr's unwilling to prescribe opioids
- Drug disposal locations
- Easy access to Narcan
- Education (x2)
- Education & awareness training
- Educational Trainings on SUD from Healthcare System

- Educational Trainings for Crises Intervention by Police Depts.
- Facebook ads
- Family guidance reaching out to Mosaic Women's Health for mothers with substance abuse
- Fentanyl test strips distribution
- Free Narcan (x2)
- Have allowed EMS to carry and use Narcan
- Having the Hidden in Plain Sight program
- Implementation of CRO programs
- Implementation of EPICC program.
- Increased availability of Naloxone
- Increased community education
- Increased education
- Information and education
- Listening.
- Local prescription take-back days
- Made Narcan more assessable
- Medicated assisted treatment
- Missouri's Good Samaritan law was implemented
- Mobile Integrated Health utilizes Community Paramedics to connect patient to treatment
- More inpatient & outpatient centers (although not near enough still, sadly)
- More posters & Narcan (naloxone) access
- Naloxone availability
- Naloxone machines
- Narcan distribution (x4)
- Narcan distribution box at Good Samaritan Center.
- Narcan distribution by Washington County Ambulance District
- NARCAN machines located in the County
- Narcan vending machines by Washington County Ambulance District
- New inpatient treatment facility
- Once a year gatherings put on by random people of the public
- Opened a Crisis Center
- Opening of a Women's house for rehab
- Options of MAT providers for those struggling with SUD to maintain sobriety
- Outpatient faith-based programs with meals
- Outpatient services coming to their door
- Outpatient services having extension offices to provide services in areas for clients without transportation
- Outreach programs
- Proactive Law Enforcement Presence
- Referrals to CBHLs
- Resource and crisis centers
- Resources on overdose and substance abuse
- Safe needle exchange
- School interventions
- Settlement funds
- Showing empathy towards client
- Some schools implementing more programs for that topic
- Substance use Symposium held in Jackson MO was great
- Support groups
- The availability of Narcan
- Treatment Court
- Treatment providers not holding financial status against clients and using it to deny services
- Using motivational interviewing

PRESENT

What challenges does your community face to address substance use disorder and overdose?

- A lack of accountability. SUD treatment organizations are catering to people with substance issues by removing accountability in the name of making services more accessible.
- Abuse of medications meant to help with sobriety
- Availability of EMS
- Availability of resources - not enough out there
- Community thinks it's law enforcement's problem and they don't support treatment
- Cost of private treatment centers (x2)
- Distance to a nearby hospital
- Easy access to drugs
- Federal Funding Uncertainty
- Funding (x2)
- Getting the word out that it is not substance use disorder is not a choice it is a disease
- Harm reduction. It is being used as a recovery model, but it is not recovery. So, the number of recorded overdoses may go down because people in the community have the means to reverse overdoses, but not many are actually recovering from substance use
- High population of people who are living in poverty and trauma, so more prone to addiction
- High rent
- Homelessness and lack of housing options
- Homelessness throughout the community
- Hospital refusal following Narcan administration in field
- Housing (x2)
- Judgement of the homeless population
- Job opportunities for those who have been thru rehab for SUD
- Judgement by people in better situations and the encouragement of that act
- Judgement of the community who uses
- Lack of affordable recovery programs
- Lack of detox facilities
- Lack of detox options locally
- Lack of follow through or follow up actions
- Lack of funding (x2)
- Lack of in-patient treatment (x2)
- Lack of providers
- Lack of sober living housing
- Limited detox beds/red tape to detox
- Limited substance use disorder treatment options and people not aware of the resources that DO exist
- Long distance transfers when bed placement is found burden the systems
- Low education within the community
- Misinformation or lack of knowledge on the topic. People want to form their own opinions but don't want to listen & educate themselves on addiction, SUD or OD
- Need more meeting people where they are
- No local FQMHC treatment centers
- Not enough emphasis on the good Samaritan law
- Not enough funding for Detox's and treatment centers as well as after care
- Not enough mental health help
- Not enough treatment options

- Only 1 inpatient treatment option
- Over population in shelters and not enough staff
- People still stereotype those with substance use disorder
- Public awareness
- Ruralness
- SAHMSA being in charge of everything because they control all the money. In addition, the rush to obtain Medicaid dollars has created a quantity over quality mindset.
- Services for medical detox
- Shortage of resources
- Shortage of SUD counselors and meeting/group options
- SJPD not helping to be proactive in helping with this crisis
- Stable Housing
- Stigma (x3)
- Substance Abuse Providers allowing THC use in Probation and Parole Clients
- There's always drugs in the streets
- Too much emphasis on the wrong things instead of using limited funding to address the root of the problem
- Transportation
- Transportation to assist with keeping appointments
- Unaware elderly community
- Untreated mental health
- Very little access to transportation making it hard to hold jobs
- Wait times to free treatment options

FUTURE

Where do you think the state could do better to address substance use disorder and drug overdose problem in Missouri?

- Do better
- Access to medical detox
- Additional funding for those who run SUD rehab homes
- Additional treatment options. Some of the treatment options are limited by amount of time insurance covers it. Tighten the laws on treatment facilities so they are actually providing treatment not just collecting money.
- Advocate for "Treatment Alternate Destination"
- Advocate for "Treatment in Place"
- Assistance to those seeking treatment
- Better resources in rural areas
- Better use of hospital care for people who use opioids
- Continue to fund MAT programs
- Crisis center need in the lake area
- Direct connections to treatment centers from healthcare
- Drug Education/Awareness
- Educate providers and clinicians on the disorder and best treatment options
- Education in schools and with the SJSD
- Employee people to meet individuals in the streets
- Encourage comprehensive utilization of one HIE platform for data sharing, trending, etc.
- Ensure incarcerated have access to MAT
- Expand funding for the EPICC program and help get the word out about this very valuable resource
- Free counseling with qualified psychiatrists
- Free treatment facilities
- Fund evidence-based prevention programming in schools

- Funding for prevention programs including with youth
- Funding for recovery programs. Many addicts don't have insurance or an income to pay. Make it easier for everyone to access help. People with an addiction need help to get clean and stay clean. They need a support system
- Get people help instead of punish
- Have long term treatment available that people can afford or is free
- Help lower the cost of rent. Many people remain in their addiction because of homelessness.
- Help with funding for detox options and follow-up care
- Help with more employment opportunities
- Helping out with unhoused folks
- Housing
- Invest in more CBHLs
- Keep Narcan available
- Legally require paramedic to give verbal education on Narcan adverse events and potential consequence of medical transport refusal
- Listen to those who have experience
- Low-income options for treatment
- Make it legal, fine instead of time
- More detox's and treatment facilities
- More funding for aftercare
- Make sure Medicaid is truly expanded and provide nicotine, alcohol, opioid and other substance addiction treatment for those with Medicaid who seek it. And make sure providers and the public realize those services are covered
- More inpatient options that are affordable
- More rehab facilities that are affordable
- More treatment options for inpatient
- Narcan availability in every building like AED's are
- offer incentives to increase enrollment in mental health fields
- Paid Life coaches. Not occasional volunteers
- Provide education in rural areas
- Provide more grants/fundings for counseling options in rural areas
- Provide more opportunities for those with lived experience to participate in
- Provide opportunities for transportation grant funding
- Providing more help to schools to fight use and provide proper education to youth
- Push mental health and addiction medicine
- Reduce stigma
- Require structure in medicated assisted treatment programs rather than allowing them to operate as a pill mill
- Stay in contact with P&P officers on clients who are not making their appointments
- Stop being okay giving success discharges to those still testing positive for mind altering substances that are not prescribed
- Stop being okay with avid THC use in clients with drug abuse history
- Stop substance use in the jails and prisons
- Subsidizing cost of private treatment options
- Support the creation of more SUD treatment facilities
- Those who overdose, needs to have a follow up appointment with a case worker to get help, not get in trouble
- Transitional housing

- Try to make it where it's a brain disease not a drug issue; so, people would get help like AA
- Tougher penalty for dealers
- Unhoused housing
- Utilize drug court programs more, even for lesser offenses or first-time offenders

ADDITIONAL COMMENTS

- Pregnant known drug addicted women should be mandated to an in-patient facility for detox and continued drug testing until birth if release is an option.
- Psychosocial education needs to be a priority in early education through high school. Coping skills are low and Risk factors are high, resulting in increased child adverse mental health leading to higher drug use experimentation and suicide rates. Truly, this is a multidimensional problem and needs an aggressive multidimensional approach. Another issue: Less people are going to rehab or treatment following in field use of Narcan due to fear of experiencing withdrawal symptoms, which is addressed most often with hospitalizations and warm transfers to residential programs. Not advocating against Narcan as it does save lives but it's a new problem to address and close the gap of immediately providing more than a leave behind kit.
- I have been a RN for over 30 years. 3 of my 4 children have had issues with substance use. 2 of them are in recovery and one is incarcerated. I pray when he gets out there is help for him to stay clean.
- One major challenge is the limited availability of medical detox services. For those seeking help, the wait times for free or low-cost treatment options can be discouraging. The high cost of private treatment centers also makes care inaccessible for many, especially those without insurance or adequate financial resources.
- There are networks in place to help with this, and this is the network of prevention coalitions. Each coalition has people and organizations at the table, and there are coalitions all over the state, linked by Prevention Resource Centers. Utilize these vast networks of resources to help with whatever strategies you decide to implement. There could be MUCH better coordinated efforts between prevention coalitions in the state. Other states have these coordinated efforts, but Missouri has only fledgling attempts at coordinated efforts between coalitions. One idea is that a Statewide Missouri Prevention Coalition could be established (and even apply for a Drug-Free Communities Grant). The state of Iowa had a state-wide DFC grant at one time and really helped them with prevention efforts. This statewide coalition could include strong representation from all sectors and work on improving drug policy and prevention efforts at a state level.
- Also, while opioid overdose efforts are extremely important, don't overlook the substance use prevention and treatment of other substance use including nicotine. Tobacco still kills 11,000 per year in Missouri and is a leading cause of death. Tobacco addiction also primes the brain for other substance use addiction. It's my opinion that we need to address tobacco prevention and addiction strongly through statewide policy. Environmental strategy such as policy change is always going to be more effective than individual strategies (like individual programs). Missouri has a lot of potential to really be a healthier state if we can reduce our substance use and addiction. Thank you for what you are doing to make this happen!

- Love others like God loves us
- "What efforts have you seen to address substance use disorder and prevent overdose in your community?"
- In our community, we've seen several efforts aimed at addressing substance use disorder (SUD) and preventing overdose. Local police departments have participated in crisis intervention and de-escalation trainings to better respond to individuals experiencing behavioral health crises. Our healthcare system has provided educational trainings on substance use disorder to help providers and staff better understand and support those impacted. Additionally, we have an active and engaged recovery community that plays a vital role in offering peer support and promoting long-term recovery.
- What challenges does your community face in addressing substance use disorder and overdose?
- Where do you think the state could do better to address substance use disorder and drug overdose in Missouri?
- The state could improve access to medical detox services across regions. There's also a need for more direct connections between hospitals or clinics and treatment centers to ensure people don't fall through the cracks. Additionally, the state could consider subsidizing the cost of private treatment programs to make them more accessible to those in need.
- What recommendations or goals should the state consider in addressing overdose prevention and substance use disorder?
- The state should invest in mental health-specific emergency services that can respond alongside or in place of law enforcement. A streamlined and efficient referral process to treatment centers would help ensure people get connected to the right care faster. Finally, eliminating the cost barrier to medication-assisted treatment (MAT) would go a long way in supporting individuals in their recovery.
- This will take a holistic approach, so we need to break down barriers and work together and stop letting egos and emotions prevent relationship building
- We need more of a presence and movement in our community as the drug movements are increasing significantly!! 30–45-day treatments are not enough! We need affordable treatment facilities and more groups that can serve small areas and low-income families!
- We have a lot of issues in Saint Joseph even northwest Missouri with affordable inpatient treatment and slim options at that. People also would love long-term treatment options for inpatient not just 30 days. More sober living programs as well.
- I see that there is a treatment facility in our town, but they tend to rotate people in and out just for the money. The treatment the people get is covered by Medicaid, but they do not seem to be watched close enough to ensure the program is working. Many people have come out of this facility and passed away from overdoses. It is disheartening to our community and often addicts turn down the treatment because it makes them feel that other treatments won't work as well.
- We have a robust group in the Northwest Region and would like to be able to keep our momentum going. Thank you for helping us!
- Be kind & don't judge or shame someone, making them feel uncomfortable & less than when they try to get help. You never know what someone is going through that got them on that awful path of SUD!

Thank you for your time and commitment to addressing the overdose and substance use disorder crisis and saving lives across Missouri!

Facilitation services provided by



Stephanie Ahles
EmpoweringYOU

Steve Miller
Voices and Vision
of Prevention